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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ESSAY ON CHRONIC ULCERS.

Read before the Philadelphia Hospital Medical Society,

By S. HENRY DESSAU, M. D.

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There is no ailment nor affection in the domain of Surgery more trying to the skill of the surgeon than a chronic ulcer. It might almost be called the opprobrium of surgery; but fortunately for the comfort of the patient, and the reputation of the surgeon, it sometimes yields to treatment.

It is a common error with young surgeons to pass the subject of chronic ulcers by, with little thought, and with a slight disgust at the effort of curing them. Though not always a dangerous affection, yet they are a great hindrance and embarrassment to a certain class of the community who are hard working people, and whose health is their bread; and if we can relieve them so as to enable them to earn their daily bread, surely we have accomplished a great good, and, perhaps, won a reputation that may send us bounding on the high road to prosperity and fortune. It is for these few reasons out of as many more, that I would call your attention to this subject. There is no finer opportunity for studying the various classes of chronic ulcers and observing the result of different plans of treatment, than in the surgical wards of this institution, and it is from this source that I have gained my views on this subject, which, together with the plan of treatment found most successful in my hands, I will present to you.

The result of my observations has been, that all non-specific chronic ulcers may be divided into two groups. First, those known as varicose ulcers, caused by the bursting of a cluster of varicose veins; and second, those

arising from simple ulceration, the result of an abrasion or wound, becoming complicated with a varicose condition of the neighboring veins.

In both varieties, the varicose condition of the veins is the key to the chronic condition of the ulcer—in the first division having existed previously to the ulceration, and in the second division, the ulcer not healing promptly, the veins becoming varicose, owing to a want of proper tone of the parts. This want of tonicity, may be easily explained, when we consider the general occupation and the manner of living of the class of individuals in which this affection is mostly seen.

With this knowledge in view, the pathology of a chronic ulcer is at once patent. The dilated veins not being supported by the relaxed derma, or not being deligated by the surgeon, are unable to withstand the hydrostatic pressure of the blood—the parts surrounding the ulcer become congested and consequently irritated, causing a low and unhealthy degree of inflammation in the cellular tissue, thus retarding the healing process, and producing that hardened and cedematous appearance so often observed in a chronic ulcer.

It is well, therefore, in those cases where a simple ulcer presents itself to our notice, to regard it with due deference, and endeavor to repair the solution of continuity with all possible speed, and place the patient in such a way as to avoid the annoying subsequent complication of varicose veins. So also, if we heal quickly the recent ulcer from a ruptured vein, we may prevent the patient from suffering for many years, of a disgusting sore, to which, after the system has become habituated, it might be dangerous to his general health, to heal.

Unfortunately for the patient, he generally neglects to consult a surgeon, especially if be-

longing to the laboring classes, until he is compelled by the severe irritation of the part to leave his work; and I have often seen the sore looking angry and sloughing, and sometimes having an erysipelatous inflammation, when the patients present themselves, the result of long continued neglect, and an impoverished condition of the general system, as this class of patients are not usually well fed, and do not observe the strictest cleanliness of person.

It is my belief that the general condition of the system has a large share in retarding the healing of this class of ulcers, the blood being poor in nutritious elements, so that the parts cannot take to themselves the proper amount of material for forming new tissues; and I have found that where ferruginous tonics and good food were given in addition to the use of local applications, the result was happier and speedier. Where there is a syphilitic taint in the system, iodide of potassium is the remedy *par excellence*.

The treatment with which I found greatest success was as follows: In a recent ulcer caused by the bursting of a plexus of varicose veins, there is scarcely any application better than the oint. of the oxide of zinc, and when irritated and inflamed, even if erysipelatous, the additional use of lead water and opium is most advantageous. The *Tr. ferri chloridi* with quinia, or what is as good, the *Tr. ferri comp.*, of the house, is a valuable constitutional remedy in this stage.

R. *Tr. ferri chloridi*, f.ʒj.
Cinchonis sulph., gr. viij.
Strychniæ, gr. ʒ.
Syrup et aque, q. s. ft. f.ʒj. M.

S. A teaspoonful for a dose.

In the chronic variety, where the edges are hard and the secretion of pus unhealthy and scant, a stimulating ointment as the following:

R. *Ung. hydrarg. nitrat.*, ʒij.
Potass. iodidi, gr. xx.
Pulv. rhel., ʒss.
Cerat. simp., ʒvij. M.

will prove of advantage. As a preliminary measure, the enlarged veins in the vicinity of the ulcer should be tied from above, in order to relieve the parts of the undue venous congestion. If there is a tendency to sloughing, it is best to touch the parts with the *liq. hydrarg. nit.*, one part to four of water, previously to using the ointment. As soon as healthy pus is produced, and granulations have sprung up, it is well to change the stimulating ointment for one which is milder and more soothing.

R. *Emp. plumbi*, ʒj.
Cretæ prep., ʒiv.
Ol. oliuæ,
Acid. acet., aa. f.ʒss.
Plumbi acet., ʒj. M.

Such an one I have found to answer in Kirland's Neutral Cerate, given above, a preparation recommended by Sir Benjamin Brodie, but whose therapeutical virtues were inexplicable even by that learned surgeon. Oxide of zinc ointment answers also, but I prefer the Kirland, and so do my patients. The ointment is applied on patent lint picked apart, so as to make a light dressing, and one which will act as a drain to the ulcer, by capillary action. A very small quantity of the unguent should be applied. I consider it judicious to sometimes exchange the dressings for each other, when either has been used for any length of time, as the parts, becoming so accustomed to the application, fail to respond as steadily as is desired. Occasionally local depletion is required, and is best effected by tapping the congested parts in numerous places with a sharp, straight bistoury. In all cases a bandage should be applied to the leg, to and above the knee, firmly to the foot, and merely supporting the calf. Rest of the limb facilitates all efforts at curative interference. The *Tr. ferri comp.* is depended upon most especially in these cases. Sometimes after the ulcer has been granulating nicely, it will suddenly become indolent, though the granulations remain healthy. In such a case strapping the ulcer with the *Emp. resinæ* is a time-honored plan, and one attended with the most gratifying results.

I have especially avoided mentioning the medicated dressings, such as the carbolic acid and permanganate potassæ wash, because I believe the first does harm, and the latter no especial good, where depended upon solely. The carbolic acid has a great tendency, from long continued use, to harden the parts and dry up all secretions, so that the sore remains open and hard, and consequently very painful. The good carbolic acid would do, would be at first, as a stimulating application, but not even then to be applied often. Permanganate potassæ is a fine application as a detergent wash, assisting the reparative process, doubtless by its stimulating properties. Nit. silver is a valuable agent in hastening the healing process, when used carefully and judiciously. But a too free use of the application rather irritates the sore, than induces it to heal. The same may be said of the frequent use of acid applications.

CEREBRO-SPINAL MENINGITIS.

By N. H. CANADA, M. D.,

Of Knightstown, Ind.

(Read before the Medical Society of Indiana.)

A very fatal form of disease generally known by the name of Cerebro-Spinal Meningitis has prevailed in different parts of the country, sometimes as an epidemic, sometimes sporadically, for more than half a century. It is unfortunate, however, that it has received the name cerebro-spinal meningitis, as it is thereby confounded with another disease long known by that name, which is purely inflammatory in its nature, differing very materially from the one under consideration.

The old disease consisted of an inflammation of the membranes of the brain and spinal cord; whilst the present disease, is in my opinion, a blood disorder, and does not always attack those membranes, but its force is sometimes spent upon the lungs, the pleura, the stomach or bowels, etc.; and sometimes there being no evidence to be found after death, of inflammation having existed at all.

I had my first introduction to it in the spring of 1863, in a neighborhood some six or seven miles north of this place, and lost three patients in less than a week, and in very short distance of each other, one dying in twelve hours, one in three days, and one in a week. Several others died in the neighborhood during the spring. Since that time it has prevailed sporadically in that and the adjoining neighborhood, proving very fatal.

There is no disease, perhaps, with a single exception, that wears such varied masks of symptoms as the one under consideration, behind which, however, a great uniformity of characteristic lesions exist. While one writer classifies it as cerebro-spinal meningitis, another as a pneumonia, and a third as a malignant intermittent or typhoid fever, the lesions are essentially the same in all, though varying in degree and location.

One post-mortem lesion, however, has been noticed in every autopsy that has come under my notice, in which it has been mentioned at all, namely, *a dissolution of the blood*.

Professor Dickson, formerly of South Carolina, now of the Jefferson Medical College, Philadelphia, who wrote a work on the Practice of Medicine, in 1855, describes this disease under the name of Typhoid Pneumonia.

This was the only account that I could find

or gain access to at the time of the invasion of our own neighborhood, that gave anything like a faithful description of the disease we had to contend with. He says the disease is distinguished by its extreme liability to undergo modifications of history, symptoms, and results. That in its invasion there is an indefinite uncertainty as to the organ or part which is to suffer primarily, or upon which the chief force of morbid determination will be directed; thus, the brains, the throat, the lungs, the stomach, and bowels may each in turn become the centre of morbid actions, and the functions of the viscus thus assailed are frequently put a stop to at once, and its very structure destroyed.

[The writer adduces a number of other authorities which we are obliged to omit.—EDS. REP.]

In the post-mortems that I have witnessed, we found the blood fluid and dark, notwithstanding we found the blood-vessels of the brain and its membrane all congested, with effusions into the subarachnoid cavity, and adhesions between that membrane and the pia mater, and with other evidences of inflammation.

Dr. WEIST, of Richmond, Ind., in his prize essay, says: The blood is found to be dark and fluid, or containing soft clots, giving evidence of its disorganization, and this condition is met with, even when death has occurred at a very early period after the attack; also, the microscope shows the red corpuscles shrivelled or crenated on their margins, etc., etc.

There might be abundant other evidence brought forward to prove that the first link in the chain of morbid action is in the blood, and I believe also that there is an inflammatory element in the disease, and that one or the other predominates in every case, and that both show themselves in most cases. But in order to treat the disease with any hope of success, we must keep an eye to the blood disorder and not be led astray by the symptoms of inflammation, let them be located where they may.

PUERPERAL CONVULSIONS.

By J. F. H. PATTERSON,

Of Clifton, Ohio.

Mrs. —, aged 26, who had always menstruated irregularly, as to time, quantity, and quality, and in the proportion of these irregu-

larities suffered with an agonizing and indescribable cephalalgia—was attacked July 24th, 1869, in the eighth month of her first pregnancy, with a malarial fever of the remittent type (or form). Having "touched" her gums once with two grains of calomel, and, owing to idiosyncrasy, her system having on former occasions, rebelled against quinine and opiates, I endeavored, for the first three days, to avoid the use of the above valuable remedies. But on the fourth day, the patient gradually growing worse, I commenced the administration of quinine, in two grain doses every two hours, and continued until eighteen grains were taken during the remission, and to my surprise it exhibited none of its former evil effects, but slightly ameliorated the following exacerbation. Eighteen grains were again administered, as before, with no evil effects, and apparently little good. Twenty grains were administered during the following paroxysm, with about the same result. About the middle of the paroxysm following this, she was attacked with labor pains, which I could not relieve, but the labor progressed more regular, easy, and rapid than first labors usually do, and in sixteen hours she was safely delivered of a well-formed child, which lived three hours.

Very free perspiration had accompanied the three paroxysms previous to labor, and in the second stage of the labor, which occurred during a paroxysm, accompanied each violent uterine contraction as naturally as if the patient had been in good health, although her pulse was about 120, and the headache excruciating.

After the labor had terminated, she took a little nourishment with quite a relish, and seemed refreshed and much better, so far as the fever was concerned, than upon former days at the same hour. The death of her child shocked her, but the effects were not so prostrating as I feared in one naturally so excitable and nervous as she.

At her usual bedtime she was very restless, and as quinine had produced no evil effects, I presumed that opium might also be ventured. I accordingly gave her grs. ij., and was delighted to find that, contrary to all her former experience with the drug, she had rested better during the night than at any time during her illness. On the following day, August 1st, no quinine was given, hoping that the shock of labor, together with the quinine already

given, had produced a revolution in the system that would demand no further active treatment. But the paroxysm came on as usual, with about the same violence that had characterized it for the last four days, but the nervous system was more prostrated. I then called in consultation, Dr. E. Thorne, of Yellow Springs, a physician of long and extensive experience, who saw her with me once and twice a day during the remainder of her illness. He agreed with me in diagnosis and advised the continuation of the quinine, with the addition of gr. ss. calomel every two hours for twenty-four hours, which also, strange to say, did not salivate, but acted beneficially. About this time, August 2d, 9 P. M., the patient became, for the first time, slightly delirious for a few hours, then slept well until 4 A. M., when a second paroxysm supervened. We then concluded to use the following:

R. Quinine sulph.,	gr. ss.
Ipecac.	gr. j.
Camphoræ,	gr. ij. M.

S.—For one dose every two hours; and had the patient's body sponged with tepid water every three hours, which conduced much to her comfort.

But at 12, M., while I was standing by her side, delirium came on, the veins of the head, neck, and upper extremities began to be enormously distended, and seeing that convulsions were threatened I immediately bled her in both arms, and as I did not succeed in drawing but about sixteen ounces, owing to the spasms and contractions of the muscles which supervened, I continued to apply the lancet, after short intervals, until I had bled her five times, and drawn about thirty-six ounces. Once I was compelled to stop the flow of blood, owing to syncope, but that had only the effect to *ameliorate* the paroxysms, not to arrest them. The convulsions were not of the most violent kind; there was but little frothing at the mouth, and rapid protrusion of the tongue; yet they did not intermit, but only abated occasionally to again increase in violence, for about four hours.

Dr. T. arrived while I was bleeding her the last time, and fearing after prostration we stopped the bleeding. Whenever the patient could swallow, Potass. bromid. in 20 gr. doses, was given; in all about 80 grs. during the attack. But the first thing that seemed to give decided and permanent relief was the douche applied to the head. Several gallons of the coldest water from the well was poured upon

different parts of the head, in a moderate stream, from a height of eighteen inches. This terminated the decided twitching, and in half an hour the patient was in full possession of her mental faculties, and could converse intelligently and with ease, and continued so for eighty hours, giving us much encouragement to think that she would completely recover, excepting only that that she was much prostrated. But at the end of that time she was suddenly attacked with violent subsultus tendinum, which lasted half an hour, after which she relapsed into unconsciousness and was "in articulo mortis."

Her system struggled with the grim monster for *thirty-one hours*, and finally yielded at 11, A. M., Aug. 8th. I have given this account of this case to your readers, because it was new and strange to me in the following particulars:

Complete absence of a former decided idiosyncrasy with respect to three prominent remedies; an easy natural labor occurring in the midst of such a violent malarial fever, affecting it so little and being so little affected; the almost entire absence of delirium; the complete return of consciousness and almost every other favorable symptom, after the eclampsia, and yet followed by death. I would note also the failure of prompt and free venesection, as well as the administration of the much lauded Bromide of Potassium.

And would remark that the violent headache accompanying menstruation, I believe to be a manifestation of the same indescribable sympathy existing between the uterus and brain, which resulted finally in puerperal convulsions and death.

A BIOGRAPHICAL SKETCH.

of JOHN ARCHER, M. B.

Late of Maryland.

John Archer, M. B., was born in Harford county, Maryland, on the 5th of May, (O. S.), 1741. He was the son of Thomas Archer, a farmer, residing near Churchville in that county.

He received his rudimentary education at Nottingham Academy, in the adjoining county of Cecil, at that time a school of extensive reputation. Here he was a classmate of Dr. Benjamin Rush, with whom an intimacy continued until his death. In 1760 he took the degree of A. B., at Nassau Hall, and three years later, that of A. M. He then studied

Theology, with a view to the ministry in the Presbyterian church; but a severe throat disease depriving him almost entirely of his voice, he abandoned the pulpit altogether, and turned his attention to medicine. In the spring of 1765 he entered, as a private pupil, the office of Professor John Morgan, and attended lectures in the College of Philadelphia, a medical department having just been engrafted upon it by Professors Morgan and Shippen. Until 1768 these two gentlemen constituted the Faculty of this new department, which was the germ of the present University of Pennsylvania.

Between his second and third course of lectures, Dr. Archer practised physic in Newcastle county, Delaware. After attendance upon his third course, he took his Degree on the 21st of June, 1768. This being the first graduating class on this side the Atlantic, there was no slight contest as to who should receive the *very first medical diploma conferred in the New World*. This honor was obtained by Dr. Archer.

The diploma which Dr. Archer received on this interesting occasion, is still preserved by his descendants.

After receiving his degree, and declining a proffer of partnership generously extended to him by his preceptor, Prof. Morgan, he returned from Delaware in July, 1769, to the spot of his nativity, and commenced with energy the practice of his profession. This, however, did not prevent him from engaging early, and with much spirit, in the great revolutionary struggle of the day. The recommendation and suggestion of the first Convention of the State, which met in June, 1774, were authoritatively extended by Committees of safety appointed in the several counties. These Committees, among other duties summoned before them and tried such persons as refused to comply with the plan of non-intercourse with England so long as she persisted in her schemes of oppression. Their judgment in these cases were published to the world, and persons condemned by them were ever afterwards looked upon with contempt. Dr. Archer was a member of the Committee of his native county, and right faithfully—as tradition informs us—did he perform the important and responsible duties pertaining thereto. He could tolerate neither tories nor neutrals—the latter he regarded with fiery impatience; the former with bitter animosity:—nor do these strong feelings seem to

have lacked paternal fostering; there being extant a letter which he received from his father whilst in attendance upon lectures in Philadelphia, in 1764, containing a description of the burning in effigy of the stamp-officer, a recreant son of Maryland, who had accepted the infamous position for lucre. The old man's heart seems to leap with joy as he depicts to his son the rebellious scene, which he himself had witnessed in his own neighborhood.

Although the Doctor's professional services were in great requisition, (there being at that time no other regularly educated physician in the county,) he found time to drill a regiment of militia, or minute-men, which he had been selected to command; though for this purpose, owing to his defective articulation he was obliged to have recourse to a speaking trumpet. He was selected as a delegate to the State Convention which met in August, 1776, to ratify the Constitution framed a short time before by Congress. This Committee also drew up and adopted the Bill of Rights.

Whilst in Congress, 1801 to 1805, his reputation as a skilful physician caused frequent demands for his services by his professional brethren of Washington, Georgetown, and the vicinity, in their most difficult cases. On the expiration of his second term, he again addressed himself energetically to the pursuit of his profession. But he was now growing old, and the physical man was evidently on the decline. In a letter written from Washington in the spring of 1802, we find him saying, "I shall be a very valetudinarian in my old days, and begin to investigate what will best agree with me, who once knew no difference in any kinds of diet, who could eat anything, without fear, that was suitable for nutrition. But those days are gone with the days before the flood." A few years afterwards an attack of partial paralysis, induced by rheumatism, incapacitating him for the discharge of his duties, he withdrew entirely from active pursuits, and died suddenly, on the 28th of September, 1810, in the seventieth year of his age, at his home, "Medical Hall," while sitting in his easy chair. His remains lie in the Churchville burying-ground, the inscription on his tomb being simply a record of his birth and death. For nearly half a century he was a member, and for the greater portion of the time, an elder of the Presbyterian church, as was his father before him.

In 1826 Dr. Revere, contemplating the publication of his "Biography of Eminent Physicians of America," wrote to one of Dr. Archer's family for information respecting him. To a non-compliance with this request is to be attributed the absence from Dr. Revere's volume of any notice of him. The neglect to furnish the requisite data on that occasion is greatly to be regretted, since, at that time, many persons were still living who were familiar with the minor counts of his life, the record of which in the few of his letters that remain is lamentably meagre. Enough is extant, however, to show that he made several discoveries in his profession. Among these, besides his application of senega to the cure of croup, (the success of which, for many years, was astonishing,) may be mentioned the proper mode of administering Peruvian bark in intermittent fever, *to prevent relapse*. This consisted in exhibiting the bark one day in anticipation of the well-known tendency of the disease to a weekly return,—to be persevered in for several weeks,—a practice which seldom fails to cure, permanently, the most obstinate cases, and is now generally adopted by the profession; though, of course, quinine, the active principle of the bark, is at present substituted for it, and used in the same way. This plan having been learned from him by one of his pupils, who subsequently took his degree at the University of Edinburgh, was made the subject of the Thesis which he defended on that occasion. He had the effrontery to send his old preceptor a printed copy of the Thesis, (in Latin,) although it did not contain even so much as a *hint* of the source to which he was wholly indebted for the information.

Whilst a member of Congress, Dr. Archer, by a series of experiments in Georgetown, also brought to light the interesting, and in some cases, important fact, that vaccination, if performed in the early stage of whooping-cough, will so mitigate it that it can scarcely be recognized as a disease. We have, too, the unquestionable authority of Dr. R. H. Archer, a son and student of his, that he had often known his father to use, in cases of fractured thigh, the identical apparatus which subsequently became famous as "Physick's Modification of Desault," long before it was applied by Dr. Physick. It is not supposed, however, for a moment, that the eminent surgeon last named knew of Dr. Archer's previous modifi-

cation and use of the apparatus. In Hooper's *Medical Dictionary with Additions*, by Samuel Akerly, M. D., may be seen the following brief sketch:

"Archer, John M. D., of the State of Maryland; a celebrated practitioner of medicine. Many contributions of his on various subjects of medical science are to be found in the *New York Medical Repository*. He was the first to introduce seneka snake-root (*polygala senega*), as a remedy in croup. He died in 1814."

The date of his death here recorded, is, however, incorrect; he died, as before stated, in 1810. His degree, as given by Dr. Akerly, is also erroneous; it should be M. B., for it seems he was called *Doctor* only by courtesy, having never applied for the second degree. The Institution, in the first year of its organization, adopted a rule that two degrees, M. B. and M. D., should be conferred, and requiring that three years should intervene. In 1792 this rule was discontinued, and the present one, conferring a single degree, was adopted. A sketch of him is also to be found in Lanman's *Biographical Dictionary* of the American Congress.

Dr. Archer had nine children, six of whom (all sons) reached years of discretion, five of them selecting medicine as their profession, and studying under their father's preceptorship. The youngest of these five, George W., died whilst a student. The other four, Thomas, Robert Harris, John and James (named in the order of their ages), completed their medical studies and practiced their profession. The remaining one, and the youngest of the family, was the Hon. Stevenson Archer, for many years Chief Justice of Maryland. They have all passed away. Four of them, however, left numerous descendants, among whom the ancestral proclivity for nomadic life seems not yet to have died out. Many of them still live in Maryland, some in Pennsylvania, several in Texas, and they are becoming quite numerous in Mississippi, with a sprinkling in Louisiana. As before stated, a member of one of the collateral branches removed, many years ago, to Virginia, or Carolina, and when William S. Archer, of Virginia, and Judge Archer were in Congress together, they traced out a remote relationship. Gen. James J. Archer, of Maryland, who commanded a brigade in the Southern army, and died in Richmond during the war, was a grandson. Hon. Stevenson Archer now represents in Congress the same district which was formerly represented, at various times, by his father, Judge Archer, and his grandfather, an outline of whose history we have endeavored to sketch.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

January 26, 1870.

By F. F. MAURY, M. D.

One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.

(REPORTED BY HERMANN W. NEWCOMB.)

The closing remarks of my last clinic were to the effect that I should continue the subject of gonorrhoea to-day, by a consideration of its fourth stage. You will recollect, that we had discussed the three first stages, and were just entering upon the last when the hour terminated. The time however that I can devote to this important subject this morning, is necessarily very limited, and I am reluctantly compelled to be brief. I shall however strive to give you a few practical points.

Gleet.

Gleet or blennorrhoea may be defined as a slight chronic discharge from the urethra unattended by symptoms of acute inflammation. But although a simple discharge of mucus, it is of important surgical interest and embraces matters essentially concerning the comfort and welfare of the patient. You should therefore understand its pathology and treatment.

I have said gleet is a discharge from the urethra. Whence proceeds this discharge? It is not from the fossa navicularis, nor is it generally from any point anterior to the bulb, but it does come from the membranous portion, or perhaps from the spongy portion far back, and often from the prostatic. You may generally take it for granted, that while gonorrhoea has its seat anteriorly in the urethra the predilection of gleet is for the curved or posterior part of the canal. The discharge is not purulent, and under the microscope shows no pus globules, it is clear transparent mucus, and may be poured out in some quantity, but it usually does not amount to more than a few drops, slightly staining the man's linen. Perhaps many of you will exclaim, it must be a very simple thing to cure gleet. But gentlemen it is not. You may rest assured, that in many of your cases your utmost efforts to afford relief will be baffled for months and months, and you sometimes will be wholly unable to check the discharge at all. You are good Surgeons and have accomplished a great deal, if at the end of three or four months you can pronounce your patient well. When you are consulted by a man with gleet, the first thing you are to do, is to explore his urethra with a sound or bougie. Now gentlemen recollect what I tell you, and upon no occasion ever omit it. An ordinary bougie with the curve of Sir Henry Thompson, in a delicate hand will communicate

much valuable information, as you may not only ascertain if there is any particular portion of the canal which is morbidly sensitive, but also, if there be a stricture, perhaps the most frequent cause of a chronic discharge from the urethra. For this purpose, do not take a small bougie; but one of sufficient calibre to gently distend the walls of the urethra and enable you to detect the slightest contraction. If it is your intention to introduce the instrument while the patient is in the erect posture, place his back against the wall, in order that he may not change his position during the operation. Separate the thighs, and make him flex the body somewhat upon the pelvis, then holding the bougie lightly in the right hand, you pass it gradually toward the bladder; being on your guard to remark the least evidence of a stricture, and directing the man himself to designate those parts of the urethra most sensitive to the passage of an instrument. In the introduction of all instruments in the urethra of the male, there is an exaltation of pain just as the bougie enters the bladder, and as a usual thing, the patient expresses this by a slight exclamation or cry. You must therefore not be deceived, and attribute it to any abnormal condition, but remember that it is what takes place in almost every instance.

The first case, is one who has entered the hospital for the relief of a gleet, of three month's duration, the discharge being slight. The first thing I do is to pass an instrument, and I find a slightly granular condition of the urethra, but no evidence of a stricture. The withdrawal of my instrument is followed by the escape of a little blood, due to the readiness with which the distended capillaries part with their contents. I think by introducing a full sized bougie daily into this man's urethra, and ordering Tinct. ferri, chloridi, gtt. xxv three times daily a most admirable tonic and astringent, often acting directly upon the generative organs, we have met every indication.

The next patient, is a man who has had a discharge for weeks, and is now laboring under a frequent complication of gonorrhoea both acute and chronic—namely, swelled testicle, epididymitis, hernia humoralis, or orchitis, as you prefer to call it. As I have just remarked, orchitis is a frequent complication of gonorrhoea, and is dependent upon an extension of the inflammatory action; by means of the ejaculatory ducts, through the vas deferens to the epididymis and to the structure of the testicle. A well marked example of the extension of inflammation by continuity of structure.

Swelled testicles is rarely developed in the early stage of gonorrhoea, although it may occur in the first week, but more frequently supervening after the fifth week.

Various causes may influence its development, and with some, it seems to be idiosyncratic, following

upon every attack of gonorrhoea, while with others, no matter how severe the inflammation may be, there is no tendency toward its extension to the testicle. I can offer no explanation of this, I only know it to be a fact. It may be induced in various ways. Irritating injections will occasionally give rise to it, so will the introduction of too large a bougie, and it is claimed by some, that copaiba and cubebs is an occasional cause. My experience induces me to believe that as a general thing it may be avoided, if the case comes under observation sufficiently early. And with this view, you should make all gonorrhoeal patients wear a suspensory bandage throughout the course of the disease, as that is the best possible protection against the advent of swelled testicle. The best form of bandage to employ, is a broad piece of muslin passed between the legs, and kept in place by tying its ends to a band of cloth fastened around the waist. This is simple, cheap, readily adapted and always at hand, besides possessing the merit of giving perfect support to the inflamed and sensitive organs. There are many complicated affairs before the profession, designated suspensoria, perineal bands, etc., but there is nothing so good as this simple contrivance.

The treatment for orchitis in the early stage is to be conducted on antiphlogistic principles. You all know what that means, and there is no necessity of my going into any minute detail. You prescribe those agents that control the force and frequency of the heart's action, you keep the patient at rest, restrict his diet, and keep the genital organs well supported. You may take blood from the arm or better still apply leeches, not upon the scrotum as I have seen done in more than one case, but immediately over the external abdominal ring where the spermatic cord enters the pelvis, thus intercepting as it were the fuel that is being supplied to the flame. The number of leeches it is proper to use, of course will vary with circumstances, but you should aim to abstract in this way from eight to twelve ounces of blood according to the strength of the patient. If the patient has been taking copaiba or cubebs, you discontinue them and stop all injections. If there is much pain you control it with an anodyne, and as a local application the formula that I shall prescribe for the patient before you, is perhaps as good as any. It consists of a drachm of opium and four drachms of muriate of ammonia added to cold water and kept constantly upon the scrotum by saturating cloths with the solution. No oiled silk should be used, as you wish to facilitate evaporation in order to get a refrigerant effect. If cold applications are not well borne, you may employ warm ones. Simple water answers a very good purpose, if you prefer to do so, you may medicate it in various ways, as for instance with acetate of lead and opium.

I will devote a few moments to the consideration of the next case, one of gonorrhoea in the declining stage, and therefore well adapted to the employment of injections and the so-called specific treatment. The following combination is a very good one:

R. Copaibæ,	℥j.
Syrup. acaciæ,	℥℥j.
Sodæ bicarb.,	℥j.
Spts. ætheris nit.,	℥iv.
Ol. gaulth.,	q. s.
Aque camph. q. s. ut ft.,	℥℥viii. M.

S—A tablespoonful four times daily.

To this you may add morphia if there be pain, or, indeed, any agent to meet indications that are not fulfilled by those already in the combination. If you desire to make a very elegant prescription, two or three drachms of the compound spirits of lavender may also be added. The copaiba is your specific, and the acacia is added as an emulsifier. The bicarbonate of soda will correct excessive acidity of the urine, and render micturition less painful, while in the spts. ætheris nit. you have a gentle diuretic and refrigerant. The ol. gaulth. is added merely to disguise the unpleasant taste and smell of the copaiba, and in the aqua camph. you have a good vehicle, as well as an agent that probably acts in a measure as an anaphrodisiac, and a preventive of chordee. The substances to be used as injections, recommended by various authorities, are without number, all of which probably answer a purpose. In the case before us, we will try the efficacy of a combination of a red wine (Port is as good as any), of which we will take two ounces, and add to it eighteen grains of tannic acid and four ounces of distilled water. This is to be thrown far back into the urethra three times daily. There is quite a little art in the manner of giving an injection, that is not understood by every one. The urethra is not an open tube, except it be distended by the passage of urine or an instrument, consequently, when diseased, its inflamed surfaces are constantly in contact, thus tending to aggravate the morbid action. Owing in part to this circumstance, treatment when conducted under the most favorable auspices, is not always successful, and if the application of your various medicinal agents to the affected structure be not properly made, you perceive the chances of a speedy termination of the disease are materially lessened.

The manner of giving an injection is an important matter then, and upon which will rest, in a great degree, the success you will meet in treating gonorrhoea and gleet. It therefore behooves you to pay strict attention to what I shall tell you. In all instances, instruct your patient as to the mode of making an injection, and administer one yourself, in order that he may the more thoroughly understand it. Previous to making every injection, the bladder should be emptied, both to clear the urethra

of pus and mucus, so that the injection may come in contact with the mucous membrane, and also that a certain period may elapse before the urine is again voided, thus giving the substance you have thrown in, whatever that may be, sufficient time to act. The prepuce having been retracted, and the exposed glans grasped between the thumb and finger of the left hand, the nozzle of the syringe is passed its full length into the urethra, and kept firmly in position by the thumb and finger which hold the head of the penis, thus preventing the escape of any of the fluid. The piston of the syringe is then forced slowly down, the whole of its contents being discharged into the urethra. The solution is allowed to remain a few moments within the canal, and is then permitted to escape, and, if you think necessary, repeated once or twice. By following this method you bring your injection in contact with the entire surface of the urethra, and derive a benefit from the procedure that you will not probably as completely attain by following any other mode.

Scabies.

I now leave the subject of gleet which we have so cursorily touched upon, and proceed to the consideration of the "bug-bear" of students—skin diseases. I acknowledge the subject is a dry one, but at the same time a general idea of it will be of great advantage to you, and I think you will be amply repaid if you endeavor to follow me closely. This will be no difficult task, as I shall not enter into a discussion of the many classifications with which this branch of our science is encumbered, nor, indeed, shall I confuse you by attempting any classification at all, but confine my remarks to some interesting and practical points in connection with scabies, and the peculiar mode of treating it at the St. Louis Hospital, in Paris, with which were connected such men as Bazin, Cullerier, Hardy, and Duvergie.

Scabies, or in vulgar parlance, itch, many of you perchance know, is a parasitic disease, caused by the presence of the *acarus scabiei*. It is characterized by vesicles which may even become pustules, and is accompanied by intolerable itching. It usually begins between the fingers, extends to the wrists, axillæ, abdomen, and sometimes over the entire body, with the exception of the face, which is, perhaps, never affected. Upon close examination of one of the vesicles of scabies, there may be detected a minute spot, representing the aperture originally made by the insect upon its first entrance beneath the epidermis, and from which may be followed a delicate, faintly white line into the surrounding epidermis, the curriculus or burrow of the parasite. By reason of the excessive pruritus, patients scratch themselves violently, which, breaking the little vesicles, causes them to become covered with thin,

yellowish scales, or may even convert them into pustules. This explains the peculiar appearance of the patient before you, who has superadded the irritation of constant scratching to that produced by the acarus, and having broken the little vesicles there has formed little blackish scales somewhat resembling those of prurigo.

At the St. Louis, in Paris, no less than 50,000 patients are treated for skin diseases in one year, and sometimes as many as 1,300 in one day. Scabies is treated by a method introduced by Duvergie and Bazin, by which cures are effected in the short space of two hours. So successful has been this treatment that no patients suffering from scabies are permitted entrance, and the wards formerly assigned to this department have been abolished.

The treatment consists of baths and the application of an ointment, having in view the destruction of the acarus. The sufferer is first immersed in a warm bath, and for half an hour industriously scrubbed with *sapo viridis* or ordinary scrubbing soap. This is followed by the thorough application of an ointment, consisting of lard eight parts, sulphur two. This having been done, another bath is administered, which, in case of a child or a very delicate skin, is rendered alkaline. This constitutes the whole treatment, and it certainly has had the most remarkable success. The rationale of its action is the destruction of the parasite. In this hospital, our facilities for instituting such a course of treatment are very poor, but we will carry it out in the case before you as closely as possible, and see if we meet with success. When in Paris, I saw eczema, one of the most frequent cutaneous diseases of a non-syphilitic origin, treated by simply enveloping the affected parts in an india-rubber covering, and literally sweating the disease out. Mercurial fumigation is often resorted to in the treatment of skin affections, and you may frequently derive advantage therefrom. You are generally recommended to use, for the purpose of fumigation, the red sulphuret of mercury or cinnabar; but this does not answer the purpose near so well, as the protiodide, bichloride and the biniodide of mercury, as it is not so readily volatilized. The process by which you may give a mercurial vapor bath is a very simple one. All that is necessary is a cloak of oil cloth, sufficiently large to envelop the whole person, and a fumigating apparatus, consisting of a tin framework, with an iron plate, and a small spirit lamp so arranged as not to endanger the patient. The cloak is tied around the patient's neck, he having previously removed all his clothing, and then seating himself upon an ordinary chair or stool. The apparatus with the spirit lamp lighted and the little basin filled with water, is placed beneath his person, and then upon the iron when heated, is sprinkled the protiodide or bichloride of mercury. The water is converted into steam, the mercury into vapor, and

being confined by the cloak, every portion of the body is subjected to its influence. Profuse perspiration is the result, which, if you think proper, you may promote by giving warm drinks, such as tea and hot lemonade. This operation of fumigation should not be continued more than from ten to twenty minutes, at the expiration of which the patient should go at once to bed, and covering himself warmly, should remain there until there is no longer any tendency to perspire. These baths may be repeated four or five times weekly, but should never be given oftener than once a day.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

Reported for the MEDICAL AND SURGICAL REPORTER
January 12th, 1870.

Abscess of Nates.

The President, DR. J. EWING MEARS, in the chair.

DR. DESSAU presented a report of a large abscess occurring in a man, fifty-two years of age, who was admitted into the Surgical wards for an injury to the forearm, cellulitis being subsequently developed. The abscess was situated in the gluteal region of both sides, being suddenly developed and not causing pain, the patient being at the time very feeble from the irritation of the cellulitis in the forearm. A thin, dirty colored and highly offensive fluid flowed from the abscess incision. The patient survived fourteen days after the discovery of the abscess. On a post-mortem examination the abscess was found to extend over the sacrum, from the sacro-vertebral junction above, to the upper end of the anal crease below. On the right side it extended over the entire surface of the gluteus maximus muscle, to a point corresponding to its insertion, and a little below the trochanter major. On the left side it overlaid the middle third of the gluteus maximus muscle for its sacral or inner third, and then burrowed into the substance of that muscle and the gluteus medius, forming a channel about four inches wide and about six inches long, which expanded as it reached the inner side of the great trochanter, ascending an inch and a half above the upper border of that process, and descending to the outer side of the thigh to about four inches below the prominence of the trochanter major. It dissected to the outside of the thigh, as far forward as the outer border of the rectus femoris muscle, and above to the anterior superior spinous process of the ilium. The capsular ligament of the left hip joint was exposed on its upper surface, for a short space. The interesting features of the case were,

the vast extent of the abscess, which was probably caused by a long continued decubitus in an extremely exhausted condition, no pain being complained of, and life lasting fourteen days, under an immense discharge of pus from an already depurated system.

Dr. MEARS said that the case reminded him of a former patient, suffering from phlegmonous erysipelas of the leg, who lost 400 ounces of pus, by measure, before death occurred. The case had been reported in the journals.

Puerperal Convulsions

Being the subject for discussion—Dr. Wm. G. Porter, Jr., gave an account of four cases which had come under his observation. In two of the cases, labor was ushered in by convulsions; in a third case they came on during the 1st stage of the labor, and again appeared in the 2d stage; in the fourth case they came on several hours after the completion of a natural and easy labor. Barnes' dilators were used, in the 1st case, to expedite the dilatation of the os, forceps being used to effect the delivery. The forceps were also applied in two other cases. In one case, ether was used without depletion, with the effect of controlling the convulsions. In the other three cases, ether alone failing, depletion to the amount of 12 to 20 ounces, effectually accomplished the purpose. One case, after depletion, was treated with moderate doses of opium frequently repeated. The after treatment of two other cases, consisted in dry cupping and the use of rubefacients along the spine and over the region of the kidneys, with the internal use of the bromide of potassium and diuretics. In the three cases delivered by the forceps the children were born alive, one dying on the third day after delivery, of convulsions. The other two did well. Three of the cases occurred in primiparas, one being fatal. The remainder made good recoveries. The exciting cause of the case occurring after delivery, appeared to be the presence of clots in the uterus and vagina, though the convulsions returned after the complete emptying of the uterus, and only ceased when free depletion was used.

Dr. H. W. ELMER referred to a case belonging to his colleague, Dr. P. B. Porter, in which convulsions occurred during and after delivery by the forceps. Bleeding and anaesthetics were resorted to during the convulsions. The patient died on the fourth day after delivery, the convulsions having ceased three days previous, during which period the patient remained in a semi-comatose condition. During this time, small doses of opium in addition to diuretics, were given, and counter-irritation maintained along the spine. An autopsy threw little or no light on the immediate cause of death.

Dr. Mears mentioned the sole use of hypodermic injections of morphia, as a treatment for puerperal

convulsions, pursued with marked success, by one of his professional friends.

Dr. DESSAU offered a few remarks, briefly reviewing the existing theories of the probable pathology of puerperal convulsions. Though the subject was yet involved in darkness, we might be safe in supposing that there was some peccant matter in the blood, originating from renal disorder, which caused a super-excitability of the cerebro-spinal spinal centres. Under such a condition of the nervous system, the irritation produced by the parturient act, or any irritation of the rectum or bladder, might readily provoke a convulsive attack. Sir James Y. Simpson had advanced a similar opinion thirteen years ago, which has not yet been improved upon.

Dr. MEARS fully concurred in Dr. D.'s remarks, adding that a knowledge of the peculiar poison predisposing the system to the convulsions, would undoubtedly throw great light upon the pathology of the subject.

ANNUAL MEETING AND RE-ORGANIZATION OF THE MEDICAL BOARD OF THE EASTERN DISPENSARY OF THE CITY OF NEW YORK.

Reported for the MEDICAL AND SURGICAL REPORTER.

The members and ex-members of the Medical Board of the Eastern Dispensary met at the Trustees' Hall, on Friday, January 7th, 1870, for the purpose of electing officers for the ensuing year. Upon motion of Dr. MORSE, Dr. O'SULLIVAN was called to the Chair.

The minutes of the last meeting having been read and approved, the members proceeded to the election of officers, with the following result:

President—Dr. R. J. O'SULLIVAN.

Vice President—Dr. VERRANUS MORSE.

Secretary—Dr. J. P. LOOMIS

Delegates to the American Medical Association—Dr. R. J. O'SULLIVAN and Dr. LEBARON HART.

On taking the Chair, the President elect, Dr. O'SULLIVAN, returned thanks for the honor conferred, in electing him President of the Medical Board, and said he felt gratified at noticing the large attendance, and particularly at seeing among the ex-members present, many gentlemen of acknowledged position and influence in the profession.

It seemed to him that such an association as this was needed, in order to develop properly the resources of our hospitals and dispensaries, and to afford the general practitioner an opportunity of placing his experience on record.

This re-organization, the doctor continued, has been in contemplation for some time past, indeed, he might say, several years, and it had been deter-

mined to confine the business of the Board to the reading of papers, and the incidental discussion thereon, and miscellaneous reports of cases of interest.

The doctor further remarked that, as a general thing, much time is consumed in our societies in mere matters of routine, and as a consequence not unfrequently the discussion of valuable papers is wholly neglected. In the meetings of this body, all business matters shall be carefully eliminated as has been just intimated.

Another feature which seemed to the doctor highly commendable, is that the papers which will be read before the Board, will be carefully prepared for publication; and should a synopsis be required, it will be furnished by the author of the paper; thus he will be responsible for his own views, and will have the satisfaction of seeing them placed on record as he himself prepared them.

In the remarks made by the President elect relative to the general management of our medical societies, in permitting minor and unimportant details to consume too much time, to the exclusion of important business, it appeared to all present that the speaker struck the *key-note* of a much needed reform.

It must be obvious to any physician attending the meetings of our societies, especially the older ones, that by the time the paper of the evening is read, the benches are almost deserted. The discussion is then either postponed or wholly ignored,

which is not unfrequently the case, thus depriving the members of the most instructive as well as the most interesting part of the proceedings.

After some discussion it was determined that the meetings of the Board should be held on the second Tuesday of every month, at eleven o'clock in the forenoon. This is worthy of a passing notice, inasmuch as it is somewhat of an innovation on the usual custom of all the other societies in New York and elsewhere, whose meetings are usually held in the evening; many who are desirous of attending the meetings are unable to do so, owing to the inconvenience of the hour, and the number of societies holding their meetings at the same time.

Now, to the general practitioner, it is more convenient to attend meetings at some hour in the early part of the day; at all events, the experiment is well worthy of a trial, and if successful, of being followed by other societies.

The following members volunteered to read papers at the stated meetings:

Dr. R. J. O'SULLIVAN, on "The Clinical resources of our Hospitals and Dispensaries, their use and abuse," at the February meeting. Dr. Geo. V. SKIFF, on "Quackery," in March; Dr. LE BARON HART, on "Cases of Albuminuria," in April; Dr. RAPHAEL, on "Hemorrhages from the cord in new born infants," May; and Dr. J. P. GARRISH, on "Cataract," at the June meeting.

W. J. P.

EDITORIAL DEPARTMENT.

Periscope.

Albumen in the Perspiration.

W. LEUBE of Erlangen (*Virchow's Archiv*,) has investigated this question, and after careful experiments has detected albumen in the secretion of the skin, in four cases. Three of the cases were suffering from chronic disease, one with old ankylosis, one with roseola syphilitica, and one with sciatica. The fourth case was that of a healthy hospital nurse. In all the cases it was necessary to collect at least 300 c c m before proceeding to test for albumen. This quantity when filtered and concentrated, responded in each case to the proper tests. The patient with rheumatic ankylosis showed a larger percentage of albumen, both relative and absolute, than either of the other cases. The woman with sciatica (aet. 51,) showed only traces of albumen. The healthy nurse gave a secretion responding readily to the albumen tests. The urine in each case was free from albumen. The concentrated

secretion upon being treated with carbonic acid gas and acetic acid does not become opaque; it contains therefore neither para globulin nor kali-albumen, but consists chiefly of serum-albumen. In all the cases the secretion was obtained by packing in woolen blankets after subjecting the patient to a hot bath, the sweating was therefore forced and abnormal, and the question whether albumen is a constant ingredient of the perspiration under ordinary circumstances is still an open one to be decided by future investigations.

The Latest Concerning Chloral.

We take the following abstract from the *Central Zeitung*, though we have previously alluded to Demarquay's results:

Chloral has recently been the subject of numerous investigations, and the various experimenters have arrived at quite different conclusions. Demarquay, already noted for his researches upon the effects of this remedy upon animals, now gives the result of his experiments upon the human subject.

He gave a solution of chloral mixed with syrup of tolu, each teaspoonful of which contained one gramme of chloral. In six out of twenty cases there was no hypnotic effect. In the remaining cases the narcotic effect was apparent in from fifteen to twenty minutes. The dose varied from one to five teaspoonfuls. The narcotic effect was very slight. The least noise awakened the patient, and a slight prick or pressure was readily felt. The sensibility of the skin seems to be perfectly retained, and chloral would, therefore, be of no avail for surgical operations. The sleep of chloral is often accompanied with hallucinations and dreams in patients suffering from painful organic affections. In one case the administration of two grammes was followed by considerable excitement, which continued during the whole night, and was followed by great exhaustion. Demarquay concludes:

1. That chloral is a powerful hypnotic, especially for weak and debilitated persons.
2. The amount and continuance of its effect is in direct ratio to the debility of the patient.
3. The sleep produced is calm, except in cases of severe pain. Chloral is therefore indicated in cases of want of sleep from mental or muscular exhaustion.
4. It can be given in large doses as 1—5 grammes produced no alarming symptoms.

From recent papers read before the Academie des Sciences by Dieu la Foy and others, it appears that the conflicting results with regard to chloral can be explained by the difference of the dose given. Less than two grm. given to dogs produces hyperæsthesia; a larger dose than this produces anæsthesia; more than three grm. produces anæsthesia, followed by death; less than sixty centigrm. produced no effect. The following are the conclusions:

1. Chloral in small doses excites sensibility; in large doses it diminishes it gradually until full anæsthesia is produced.
2. The anæsthesia is preceded by a stage of excitement.
3. Animals in which the anæsthesia is complete, remain a number of hours in this condition and afterward, in most cases, die.
4. Sleep accompanies the hyperæsthesia as well as the anæsthesia; in the latter case the relaxation is complete.

Virchow on Arsenic Poisoning and Cholera.

It is remarked in Virchow's *Archiv*, August, 1869, that the great similarity between the symptoms of cholera and those of arsenic poisoning would lead to the supposition that the anatomical lesions in the intestines might also be alike. Virchow gives the post-mortem appearances of a case in which a man, 40 years old, swallowed a teaspoonful of powdered arsenic, and notwithstanding the adminis-

tration of the ordinary antidotes, died in eight hours afterward. Death was preceded by frequent vomiting, cramps in the extremities, cyanosis and small thready pulse, in a word, all the symptoms accompanying cholera collapse were present.

The post-mortem examination was made 90 hours after death. In addition to the lesions usually found in arsenic poisoning, the following were also noticed: The small intestines at the upper portion were moderately distended, of a milky, opaque color; at the lower portion, contracted and reddened. The large intestines presented the same appearances. The mesenteric glands were slightly enlarged and reddened; the mesentery of a diffuse, livid, red color. In the jejunum there was a tough, whitish epithelial mass, and somewhat further down a thin, gruel-like, grayish liquid containing intestinal villi. In the ileum there was a quantity of fluid almost precisely similar to the rice-water discharge of cholera. *The microscopic examination of the intestinal fluids revealed the same appearances which are presumed to be characteristic of cholera, viz., countless numbers of the smallest bacterides and vibrios precisely similar to those described by Klob and others as the cholera fungus.* The glands of Peyer were also considerably enlarged, and the intestinal venous system congested. The mucous membrane was thickened, and opaque, whitish color. The intestines contained no bile or feculent masses.

Virchow not only calls attention to the follicular engorgement, and the thickened whitish mucous membrane, but also to the peculiar contents of the intestines, namely: a fluid resembling rice water, free from bile and feculent masses, containing large quantities of the so-called cholera fungi. This communication is of importance, as even the latest writers (Niemyer and others,) insist upon the above named pathologic appearances as pathognomonic of cholera.

The Oxyuris Vermicularis.

The editor of the *Boston Journal of Chemistry* in his issue for August, 1869, says:

We are pleased to notice that the views first presented through this *Journal*, regarding the place of deposit of the ova of *Oxyuris vermicularis* in the alimentary canal, have received the sanction of so distinguished an observer and physician as Prof. Zenker, of Erlangen. He was the first to observe and recognize trichiniasis disease in the living subject, and may be regarded as the highest living authority upon all matters pertaining to parasitic animals in man. In his recent report to the Congress of German Naturalists and Physicians, he states that "the ova of pin-worms are only set free in the rectum, near the anus, or after the worms have been discharged from the bowels." Any physician can verify this by taking a piece of silk or linen, and

passing it across the external orifice of a child suffering from pin-worms, and examining the surface of the cloth with a lens of thirty or forty diameters. Hundreds of the minute white ova can be seen by the most inexperienced observer. As regards the use of lard or other fats as a remedy, externally applied, we can only say that its entire success is vouched for in numerous cases by physicians and others, and it is worthy of fair, extended trial. The parasite is exceedingly common, and very troublesome and vexatious; and, if the value of so simple and cheap a remedy is fully established, it will indeed prove a boon to thousands of suffering children and adults. The application should be thorough, and the surfaces of the sphincter muscle fully anointed.

Hydrate of Chloral.

This new sedative can be prepared by passing dry chlorine gas through absolute alcohol, but the actual manipulation is attended with a good deal of difficulty. M. THOMSEN, of Copenhagen, suggests that the alcohol should be put into a roomy flask, and that the Liebig's condenser should be arranged perpendicularly over it so that the condensed vapors can run back into the flask. Chlorine gas is passed through the absolute alcohol until the liquid becomes yellow and absorbs no more gas. The contents of the flask is then boiled to expel all the free hydrochloric acid, and is neutralized with chalk. The neutralized liquid is transferred to a retort and subjected to a fractional distillation. The portion going over between 230° and 240° Fah., is kept by itself. The more volatile portions must be redistilled. All traces of water can be removed by further distillation from chloride of calcium.

The boiling point of hydrate of chloral is 240° Fah.; it solidifies at 104° Fah. A slight amount of water will vary the degree of solification considerably.

By employing absolute alcohol and observing all the above precautions, a perfectly pure crystalline hydrate of chloral can be obtained.

The new medicine is employed to produce sleep. It is given in solution in sweetened water, is agreeable to the taste, and produces gentle sleep with no nausea or bad after consequences. It has been successfully tried in cases of delirium tremens, in insanity, in acute gout, and bids fair to become a most valuable contribution to the pharmacopoeia. It can hardly be called an anæsthetic agent, although it does produce insensibility, and is not likely to come into competition with chloroform or ether. As an hypnotic agent it appears to exceed any of the narcotics, and bids fair to be largely employed, hence the necessity for great caution in its preparation.

Reviews and Book Notices.

NOTES ON BOOKS.

We have received some specimen pages of a new translation of the famous *Regimen Sanitatis Salerni*, by John Ordronaux, M. D. The edition is to be limited to 210 copies, price \$5.00. For an *édition-de-luxe* these pages are disappointing. The type is old and many of the letters broken. The translation is also open to criticism. We give a specimen which is neither accurate nor elegant:

"—somme fuge meridianum;

Ne mictum retine, nec comprime fortiter anum."

This is rendered

"Avoid with dread the noonday sleep,

Unchecked the renal current keep;

Nor forcibly repress at all,

The slightest fundamental call."

There was a notice sent to several medical journals that the *Pacific Medical and Surgical Journal* and the *California Medical Gazette* had been united. This we learn from the best authority, the editors of the former Journal themselves, is not the case, and is not likely to be.

Kelly, Pielt & Co., of Baltimore, now furnish the *Lancet* and the *Practitioner*, the former on thin paper, from the *Lancet* office, for foreign circulation, the latter a re-publication. We commend both enterprises to the support of the profession.

We recommend to our German friends the *Deutsch-Amerikanisches Conversations-Lexikon*, now being published serially by Friedrich Gerhard. It is infinitely superior to most works of the kind in the market.

The *European Mail*, published at 44 Cannon St., London, W. C., is an excellent paper, containing a summary of home and foreign news. Those who wish a foreign paper will do well to take it.

BOOK NOTICES.

Transactions of the American Ophthalmological Society, sixth annual meeting, 1899; also of the *American Otological Society*, second annual meeting, 1899. New York, 1899: 1 vol., 8vo., paper, pp. 79 and 27.

United effort does so much to advance human nature that it is always a favorable sign when scientific societies multiply. The two societies whose transactions are printed in this volume promise to be of great service in extending a knowledge of the specialties they cultivate. A number of valuable papers were read before the last meetings, sufficient to recommend the volume to every physician whose practice calls him to the treatment of the several diseases of the eye and ear. The principal contributors are Drs. B. J. JEFFRIES, D. B. ST. JOHN ROOSA, H. D. NOYES, E. DYER, H. KNAPP and C. R. AGNEW.

Feb. 12, 1870.]

Editorial.

139

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, FEBRUARY 12, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old* and *worn-out* books, but of

NEW AND LIVE BOOKS!
AND SURGICAL INSTRUMENTS!!

1. For 1 new subscriber and \$5, a copy of the *PHYSICIAN'S DAILY POCKET RECORD*—or any other publication the retail price of which is \$1.50.

2. For 2 new subscribers and \$10, one year's subscription to the *HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE*, published by us at \$3 a year, or—

3. For 2 new subscribers and \$10, a copy of *NAPHEY'S MODERN THERAPEUTICS*, or any other book selling at retail for \$2.50.

4. For 5 new subscribers and \$25, any Books or Surgical Instruments to the amount of \$6.

5. For 10 new subscribers, and \$50, the same to the amount of \$12.50.

6. For 15 new subscribers, and \$75, an elegant Pocket-case of Instruments worth \$20—or Books or Instruments to that amount.

. If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count \$5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the *REPORTER* for January 8th, for the accommodation of those who desire to frame it. PRICE \$1.00.

THE HEALTH OF NEW YORK CITY.

Dr. SWINBURNE, the accomplished and energetic Health Officer of the port of New York, in terminating his official connection with the Board, presented a report giving complete statistics of disease under Quarantine for the past six years, of which the following are the principal points:

Yellow Fever.—The total number of ports infected with yellow fever for the past six years is 81, from which we have received 972 vessels, 261 of which had sickness either in port, on the passage or on arrival, and from which 200 cases of yellow fever were received and treated in the Quarantine hospitals. One hundred and fifty-one of these recovered, and 49 died.

Cholera.—The total number of vessels bringing cholera to this port, for the past six years, is 26. On these vessels 11,537 persons were exposed to this disease, 832 of whom died on the passage, 724 were received in the Quarantine hospitals, and 303 of whom died.

Ship Fever.—The number of vessels bringing ship fever to this port, for the past six years, is 47, from which 202 persons sick with this disease were sent to the Ward's Island hospitals. On board of these vessels on the passage 18,708 passengers and crews were exposed.

Small-pox.—The number of vessels bringing small-pox to this port for the past six years is 174. From these vessels 569 persons sick on arrival were sent to the small-pox hospitals on Blackwell's Island; 96,199 persons were exposed to this disease during the passage, of whom 84,700 were vaccinated at Quarantine by Dr. LOINES. The residue had either had small-pox or were fully protected by vaccination.

In this connection, it is a source of gratification to add that Quarantine records show that among all the employees engaged in disinfecting vessels, purification of dunnage, etc., of the sick and well, nursing of the sick, burying of the dead and all other employments connected with the Quarantine, but three have died—a record which has never been equaled at this or any other port. This experience of six years also shows that no case of cholera, small-pox or ship fever has been contracted from exposure to the vessel upon which either of these diseases existed during the passage, after such vessel had been freed from its human freight and thoroughly cleansed and

fumigated. The history of these twenty-six vessels bringing cholera to this port also shows that the disease entirely disappears after ten days, when the vessel is not excessively over-crowded, if the sick are kept separated from the well, and proper sanitary regulations carried out, the immediate removal of all who may be attacked with light diarrhoea, and the allowance of a liberal diet to those who may remain well.

The Fourth Annual Report of the Board of Health of New York, that for 1869, has been recently printed, and reflects creditably on the members. To be sure there is a vast amount of preventable disease which they have not yet reached, but when the torpor of the public mind, and the recklessness of the lower classes are considered, it is complimentary to them to be able to show such positive results as they do.

The conditions affecting the public health during the year 1869 were as favorable as in the preceding three years. The last two months of 1868, November and December, gave the lowest death-rate recorded for many years; the mortality being only twenty in one thousand of the population in New York and Brooklyn.

The mortality in New York and Brooklyn, in 1869, compares favorably with the preceding three years of the Board's existence, as will be seen by the following table:

	1866.	1867.	1868.	1869.
New York, - -	26,815	23,159	24,889	24,601
Brooklyn, - -	8,382	8,236	8,750	8,667

It thus appears that the total mortality of these two cities has somewhat declined during the past three years. This reduction of the death-rate is more marked if it is admitted that there has been an increase of population. It is an important fact that the mortality of New York has somewhat diminished during the last six years; for, in 1863, it was 25,196; in 1864, 25,645; and in 1865, 24,843.

This diminution is unquestionably largely owing to more judicious hygienic regulations, and we hope every facility will be furnished the Board to continue their good work.

Endowment of Scientific Schools Demanded.

A deputation of the leading savans of England, among them Messrs. Grove, Huxley, Hooker, Galton, and Delorme, have recently waited on the Ministers and asked for the endowment of Scientific Schools by the State.

Notes and Comments.

The Sale of "Bitters."

The consumption of various stomach bitters is one of the most common, insidious, and perilous forms of tipping. Many a man and many a woman have learned indulgence from this cause. We are glad to see that the Supreme Judicial Court of Massachusetts has recently made an important decision in a prosecution arising from the sale of a bottle of bitters, in which the defendant asserted that he had sold the liquid in good faith as a medicine. The Judge trying the case, however, charged the jury that if the "bitters" was an intoxicating liquor, the sale of it in good faith as a medicine was not a valid defence, and this position was maintained by the Supreme Judicial Court. As a consequence of this decision the State Constables are seizing "bitters" under the Massachusetts law against the sale of intoxicating liquors.

Quackery.

A correspondent in Cadiz, Indiana, sends us several striking cases of mal-practice by ignorant medical pretenders in that section of country. It is most unfortunate, as he justly observes, that the State laws offer the public no protection against these dangerous and unscrupulous men, and that the public continue to blind themselves to the qualifications requisite in a physician.

Wanted!

Although we supposed we had made very liberal provision for new subscribers commencing with this year, we find it necessary to call on those who do not care to keep their copies of the *REPORTER* on file, to return us Nos. 670 and 672 for Jan. 1, and 15, 1870, for which we will give credit on subscription. Other numbers of preceding years, which we are also in want of, we will add to this list, next week.

Carbolic Acid and Cod Liver Oil.

Dr. ALEXANDER, of Tennessee, writes us:

"I have recently been using a solution of carbolic acid, crystals, with glycerine as a vehicle for administering cod liver oil, and am much pleased with it. In the advanced stages of phthisis it is invaluable. In the treatment of gangrene of the lungs, the combination with opium, I regard favorably."

Dr. PIDTMANN, writing in *Virchow's Archiv*, does not hesitate to assume that chronic poisoning by carbonic acid is comparatively frequent in his part of the country, which is rich in iron stores.

Correspondence.

DOMESTIC.

Opium in Labor.

EDITORS MED. & SURG. REPORTER—SIR:—I have been reading with much interest the articles published in your journal for some months past, relative to the use of opium and its salts in labor. I cannot agree with Prof. Byrd and Dr. Kennedy, that it possesses any expulsive properties, although at times it seems to act as an expulsive, yet that it has a peculiar action upon the gravid uterus in the delivery of its contents I am, after years of observation, thoroughly convinced.

And here, I may say, that Dr. Brubaker's article has so fully set forth my views that I am left with nothing more to write save to add my testimony to his. In every case of labor there is a preparatory stage. In some cases this stage is short and comparatively painless, whilst in others it is very painful and protracted, the pains of dilatation, which are manifest mostly in the loins and hips, are, in some cases, very protracted and exhausting, wearying the patience alike of patient and physician, and in some cases I have, from observation, been led to believe that they are so severe as to defeat their own object. It was in a case of this kind that I was first induced to use morphia—I used morphia in that case—and, I might say, stumbled upon a practice which has since then, I am very fully convinced, enabled me, as Dr. Brubaker remarks, to "save many a suffering woman, and, at the same time, save myself many sleepless and anxious hours."

The first case in which I used it was in the Spring of 1851. I was called at about two o'clock in the morning to visit Mrs. G—, in her first confinement. On my arrival I found her suffering slight pains about once in ten or fifteen minutes; after waiting some time I proposed an examination, to which she consented. On examination I found the os uteri dilated barely so as to admit the point of the index finger, firm and unyielding. After conversing with her a short time, I gave some slight directions, and returned home a distance of one-fourth mile. At one o'clock P. M., I returned and found the pains had increased in force and frequency. Upon examination I ascertained that there had been no improvement in the condition of the os, but the vagina was more moist and relaxed than at the previous examination. I remained with her during the afternoon, and as evening approached, the pains increased, inasmuch, as at candle lighting to render her almost frantic. She would rise from her bed and walk the room with hurried steps and even at times would attempt to escape from her apartment. During the afternoon I had made several examina-

tions, finding at each one the condition of the os about the same. In view of her intense suffering, I determined to give her a portion of morphia to mitigate the pains and await the result. I accordingly gave her morphia acetas, gr. $\frac{1}{2}$, after which I again made an examination and found the os still but slightly dilated, firm and unyielding. I waited about half an hour, and finding no mitigation of her suffering, I again gave morphia acetas, gr. $\frac{1}{2}$, and waiting half an hour more, I gave her the morphia as before, making in all one grain of morphia in the hour. She had taken a position upon her knees upon a rug on the floor, her elbows resting on a chair. When the last portion of morphia was given, and in a few moments, I discovered a very considerable abatement of the pains and during the intervals her head would incline toward the chair in slumber. Being then young in practice, I began to feel some anxiety for my patient, fearing I had gone too far with the anodyne and had narcotized her. I directed a lady attendant to prepare a cup of strong coffee as speedily as possible, but before she had time to set about it, my patient began to call loudly for help. But I was only in time to lift the child from the floor where it had been delivered without any of my interference.

My impression was, and has ever since been, that in the above and all like cases the uterine efforts were amply sufficient to produce speedy delivery when the obstruction of a rigid os was removed which the morphia in that case did, and has done, many cases since, and will do in most cases of the kind if properly timed and administered.

Huntingdon, Ind.

J. E. LYONS, M. D.

Calumba in Nausea in Pregnancy.

EDS. MED. AND SURG. REPORTER:

At the meeting of the Medical Society of Harford county, Md., August 11th, 1868, a paper was read by Dr. W. STUMP FORWOOD, now of your city, on the treatment of the sick stomach of pregnancy, or "morning sickness," which was recommended for publication, and appeared in *The Baltimore Medical Bulletin* of Nov. 16th, 1868. After reviewing the plans of treatment recommended and pursued by the "Leading Medical Practitioners of London," he proceeded to give his experience in the use of a prescription,—to which his attention was called by a professional friend,—recommended by Prof. Wood, in the United States Dispensatory, under the head of "Calumba." "As Prof. Wood," he continued, "only makes a passing reference to the value of the medicine in the sick stomach of pregnancy, chiefly dwelling upon its value in dyspepsia, constipation, and flatulence, it is presumable that the importance of the prescription in this peculiar disorder has been generally overlooked by the majority of the profession; for we are not aware that a single practitioner

within our acquaintance makes use of it, except those to whom we have made the suggestion." This article was suggested by the reading of Dr. Naphey's work, entitled "Physical Life of Woman," and we propose to detail some facts in connection with the treatment of "morning sickness," as recommended by him, and as he quotes, largely, from different authors and practitioners, it is fair to infer that he was unaware of his indebtedness to Dr. Forwood for this prescription, we therefore hope that our impressions as to the identity of ideas and similarity of language, as expressed by the gentleman, may not be considered erroneous, but that your readers may be convinced of their correctness, by a comparison of the following extracts: Dr. F. says, "In nearly every case of morning sickness, so-called, *though many of the cases continue throughout the day, we find great debility of the general system, resulting from a deficient supply of nourishment*; and in the majority of cases we also observe flatulence and constipation. If we thus regard the condition of the patient, in the fulfilment of the indications, we see the necessity for a tonic, a mild, stomachic stimulant and a gentle laxative. We know of no medicine, or combination of medicines, so peculiarly adapted to these indications as *Calumba ginger and senna*."

Dr. N. says, "When the nausea and vomiting are excessive, and continue during the day, there is generally some disordered condition of the digestive apparatus. To correct this condition the following tea will be found exceedingly efficacious:"

Take of powdered calumba half an ounce.

"	"	ginger	"	"
"	"	senna, a drachm.		
"		boiling water a pint."		

Again, Dr. F. says, "For several years we have prescribed the roots and leaves in the crude state, simply contused, 'as recommended by Prof. Wood,' but latterly we have found the *powders* of each of the articles much more convenient and more efficient."

Dr. N. continues, "allow the mixture to stand for two hours and strain. The addition of a teaspoonful of brandy or whiskey to the pint will be useful, and will preserve the infusion." Dr. F. in that connection remarks, "Of course it is necessary, in hot weather, to keep the infusion in a cool place, or to have a smaller quantity prepared at a time. The addition of a tablespoonful of brandy or whiskey to the pint will preserve the infusion, and will be found, in some cases, a valuable adjuvant." In allusion to the properties of infusion, he, Dr. F., says, "the taste is bitter, and to many is very disagreeable, but as the bowels are freely acted upon, and some to be given to the stomach, the majority of patients lose their aversion to the medicine, and in a short time a good appetite and good digestion fol-

lows; the desponding and prostrated patient becomes cheerful and robust, and the feelings of weariness of life give way to greater present enjoyment, and to happier anticipations."

Dr. Naphey, here, also, seems to entertain similar views. He observes, "It is of course, bitter, and on that account to some, at first disagreeable. In a short time, however, the improvement in the appetite and digestion, and the consequent strength and cheerfulness which follow its use, do away with the aversion to the medicine."

Dr. F.—, refers to the reputation of oxalate of cerium, and remarks, "although we have had a supply of that medicine in our possession since its introduction, yet we have never prescribed in a single instance, for the simple reason that the calumba, ginger and senna infusion has always answered the purpose. We generally prescribe two parcels or powders, enough to prepare two pints of the infusion, (one at a time), to be taken continuously, a wine-glass full, half an hour before each meal until the supply is all used. This quantity, in the majority of instances is all that is required to effect a cure, but not unfrequently an additional powder is needed, if not at once, perhaps in the course of three or four weeks."

Dr. Naphey in prescribing the dose, says: "The dose is a wine glassful half an hour before each meal, until the supply is exhausted, when a second pint will, in the majority of instances, be all that is required to effect a cure;" he also says: "This preparation is regarded by many physicians as almost a specific for this troublesome affection;" but does not intimate who they are, or to whom the originality of using it belongs. Dr. F. dates his adoption of it twelve years ago, and states that he has "been in the regular practice of administering this infusion to all cases of morning sickness that have come under our notice, numbering perhaps two hundred or more, and such has been our uniform success, that we will remark, in closing, though the expression may appear extravagant, that we regard the calumba, ginger and senna infusion as much entitled to the character of a specific in the treatment of the sick stomach of pregnancy, as quinine is in the treatment of intermittent fever."

Dr. Forwood appears to be ignorant of the general use of the prescription, as claimed by Dr. Naphey. In the concluding sentence of his paper, he calls the attention of the medical profession to it in these words: "We hope the profession will give the remedy a trial and report the results."

We do not intend to comment upon the coincidences that appear to exist in the views of the medical gentleman. The object of this article is the performance of a duty to Dr. Forwood, in according to him, at least the right of seniority in using the remedy, if not the claim of the first to introduce it as a remedial agent in that particular malady, to the profession.

W. W. VERDIN, M. D.

NEWS AND MISCELLANY.

No Mixed Clinics in Sweden.

The "Carolinska Institute" in Stockholm has expressed its willingness to admit female students to its lectures in the public hall. Instruction in anatomy will be given to ladies separately. Clinical lectures also will be given separately to female students, but the Carolinska Institute requires that those who join this class shall possess the same preparatory knowledge as the male students—viz., a degree of knowledge corresponding to the so-called university certificate of having passed a successful examination in medico-philosophy. In order to facilitate women qualifying themselves for the above class, the indefatigable Dr. Schach has opened for ladies a higher course of medical instruction (in Stockholm), among whom two or three have expressed their desire to study medicine. The university of Stockholm has lately published its programme under an organized system, and intends to receive women students as well as men.

Medical Missionary Work in Syria.

Dr. Van Dyck, of Beirut, said a year ago: "Last summer, in this city alone, more than 500 pairs of eyes were lost, most of which might have been saved by timely and judicious treatment." He was enabled, by help received from friends here, to establish an ophthalmic hospital, which treated over 150 cases of diseases of the eye in the first four months of its existence. Dr. Van Dyck is very anxious to secure means to purchase a location for the permanent use of the hospital, and which will cost about \$8,000. It could be held by the corporation of the Syrian Protestant College.

Baron von Reichenbach.

The Academy of Vienna has published a memoir of Karl Ludwig Freiherr von Reichenbach, the distinguished chemist, who died in January, 1869, at the advanced age of eighty-one. Dr. Schrotter, the biographer, divides Reichenbach's life into three periods; the first, that of practical work and exact research, during which he discovered paraffin and creasote; the second, that which he devoted to the study of meteors; and lastly, the time when he entered into the investigation of animal magnetism, the phenomena of which he explained by "odc force." Reichenbach, it is asserted, however he may have been led astray by his odic notions, is entitled to an honorable place in science.

An Antidote to Phosphorus.

M. Personne, a well-known chemical experimenter of Paris, has just communicated to the Academy of Sciences some important facts in connexion with

poisoning by phosphorus. He believes that the fatal effects of phosphorus, on the human organism, are occasioned by the fact that, the substance rapidly absorbs the oxygen of the blood whilst burning in that liquid; and in order to demonstrate this he performed a series of experiments with pyrogallie acid, which has quite a different composition from phosphorus, but possesses the like property of absorbing energetically the oxygen of air when placed in contact with an alkali. The results have shown that the administration of the acid to dogs, in doses varying from two to four grammes, produces the same effects, and is attended by the same lesions, as follow the use of phosphorus. As a practical consequence, and in order to prevent the baneful effects of phosphorus, or pyrogallie acid, M. Personne advises the use of turpentine, which must prevent the internal combustion, since, as is well known, it opposes the rapid absorption of atmospheric oxygen by phosphorus, even at a low temperature. This theoretical view has just been applied with complete success in two cases of poisoning by phosphorus under treatment in the Paris hospitals. The patients rallied completely through the timely administration of essence of turpentine. Cases of poisoning by phosphorus are so frequent that it is extremely important to become acquainted with an antidote which has hitherto furnished the best results.

— Catharine Portugas, a colored woman, recently died in Key West, at the age of 125 years.

—One hundred and fifty babies have been found in the little basket crib at the door of the New York Foundling Asylum since the 20th of last November.

QUERIES AND REPLIES.

Ozena.

Messrs. Editors:—I have a troublesome case of Ozena of ten years duration. Patient 18 years, and of good health otherwise. No scrofulous taint in the family to my knowledge. Has intense frontal headaches and a profuse discharge, large solid flakes of fibrin or of hardened mucus being blown from her nose nearly every day. Has taken iron, quinine, etc., internally and used the nasal douche with permanganate potass., and argent-nit. in turn. Will you be kind enough to inform me what will reach this ulceration or what plan I shall adopt.

S. T. F. H., M. D.

ANOTHER.

Messrs. Editors:—I have just now a very bad case of Ozena on my hand. The patient is a young girl 10 years old of healthy parents and now suffering with that malady for nearly four years. I commenced only a few weeks ago.

By examination I find that inflammation of the nasal passage, tenderness of the septum, but I could not find any necrosed bone.

Stench very offensive and muco-purulent discharge. Use even permanganate of potass. injections and shall change to carbolic acid.

C. P. M. D.

MESSESS. EDITORS:—Please allow me to lay before you my own case for advice. I have been a very active physician for more than forty years up to the present time consequently healthy. It seems my liver is the seat of disease, no bile coloring the fecal matter for more than 12 months, the former passing of with the urine. I am attacked under violent exposure with chilliness and very sick during the attack, and jaundiced with urine saturated with bile and the color of porter, and frequent desire to pass it particularly at night; well again in 15 or 24 hours; bowels generally relaxed, no pain or abdominal soreness. I have met the indications in the usual way with quinine mercurials etc., the latter passing through without coloring the passages from the bowels. I am taking blue mass and opium. Would the nitro muriatic acid be of service?

C. C. M., M. D.

Hair Dyes.

THE REPORTER, in No. of October 23rd, 1869, recommends in "Queries and Replies," "the aqueous extract of black walnut as a safe and effective hair dye." Will it inform us of what part of the walnut tree, bark, leaves, or fruit? the extract should be made.

AN OLD SUBSCRIBER, P. A.

ANSWER.—The extract is prepared from the hulls of the green fruit. It is innocuous, but must be carefully applied as it stains the skin.

Sexual Disease.

MESSESS. EDITORS.—I have been treating a single lady, set. 19—exhibiting the following conditions. Pulse 80, tongue clean, suffers no pain, perspiration, more or less free, of a very disagreeable odor, bowels regular, appetite good, has lost but little flesh, she complains of a drawing or contracted condition of the vagina, burning sensation on different parts of the body, and occasionally tenderness on pressure of the skin, is very nervous, and appears so prostrate that she has not left her bed for nearly six months. The uterus is in a healthy condition and position, no physical signs of disease of every organ. What is the disease?

Hysteria.

Dr. J. S. L. of Ills.—The case you describe is one of well marked and unmistakable hysteria. Examine the uterine condition thoroughly, and put your patient on beef-essence, iron, or oxide of zinc, with a bitter. Use cool bathing and exercise. See that emotional and mental disquietude are removed. Recommend changes of scene if it seems practicable; and warn against special nervous excitements.

Dr. F. L. K. of Canada.—We have read your description of the facial tumor about which there is some variance of opinion, but we do not feel able to say of what nature it is. If medical gentlemen who have seen it cannot coincide in diagnosis, it were of course rash in us to pronounce from a written description. Thanks for your interest in our Journal.

Dr. W. M. O. of Mass.—Kligger's work is for sale by himself, 64 Broadway N. Y. It costs about \$1.00, but the price was not sent us, and we are not positive.

Dr. R. O. L. of Miss.—A case of obstetrical instruments costs about \$20.00. A set of splints from \$10.00 to \$20.00.

OBITUARY.

HON. MARTIN J. LOVE M. D.

At a special meeting of the O. E. Society held at their room in Bellevue Hospital Medical College on Thursday evening December 16th, 1869, the President Dr. Edward C. Harwood said:

Fellows of the O. E.—It is my painful duty to announce to this Society, the death of another of its most

worthy members. Honorable Martin J. Love, M. D., of Zenington Vt., departed this life December 4th, 1869, he was allied to me by endearing ties, having been my first preceptor, but notwithstanding our intimacy I feel entirely incompetent to speak as his merits deserve. His high professional attainments, and noble impulses, endeared him to all within the circle of his acquaintance. He performed in an eminent degree all the duties of a conscientious physician and patriotic citizen of the State. On motion it was unanimously Resolved that a committee be appointed to draft suitable resolutions, and Dr. E. J. S. Moyer of Zenington Vt., was requested to prepare a eulogy, which was read at the last meeting of the Society, together with the annexed resolution.

Resolved, Whereas, We have heard of the death of Honorable Martin J. Love, M. D., late of Zenington, Vermont, a gentleman eminent in our Profession and holding many positions of honor and trust in the community where he resided.

Resolved, Therefore, That we express our profound sorrow at the sad event, which has deprived us of a worthy and excellent friend, a co-laborer so well calculated to exalt our noble calling.

Resolved, That we condole with the bereaved family of deceased—and that a copy of these Resolutions suitably engrossed be forwarded to his afflicted parents, and the same be published.

SIMON N. LEO M. D.,
S. M. TUCKER M. D.,
Committee.

MARRIED.

BOSWORTH-BARNES.—At the residence of the bride's father, December 28, by Rev. D. Davies, George G. Bosworth M. D., of Triangle Broome County, and Miss Lucy E. Barnes of Greene, Chenango County N. Y.

BROWNE-CRAWFORD.—January 25th, at the residence of the bride's parents, in Allegheny, by the Rev. B. P. Brooke of Christ Church, Dr. J. Morris Browne, U. S. A., and Annie daughter of Benjamin Crawford Esq.

THACHER-PFEIFFER.—In Camden N. J., January 25th, by Rev. Herman S. Hoffman, Watson F. Thacher and Katie L. daughter of Dr. G. S. F. Pfeiffer, all of Philadelphia.

SPENSER-RUSSELL.—On the 27th January, 1870, at the residence of Capt. Wm. McMaster, Brazoria Tex., by Rev. J. H. Shepherd, Augustus J. Spenser M. D., Brazoria Tex., and Miss Eleanor O. Russell, of La Grap, Texas.

DIED.

BELL.—In Mobile, Ala., on the 24th of January, Dr. J. G. Bell, late of the United States Navy.

BUCK.—In this city, January 27th, Dr. John Buck, aged 51 years.

CANDEE.—At West Farms, N. Y., January 26, Joel G. Candee, M. D., in the 72d year of his age.

CLEBORNE.—January 31st, Cuthbert Lowther, infant son of Christopher James Cleborne, M. D., U. S. N.

METEOROLOGY.

JAN.	24,	25,	26,	27,	28,	29,	30.
Wind.....	N. E.	S. E.	S. W.	S. E.	S. W.	N. E.	N. W.
Weather. }	Cl'dy	Cl'dy	Clear	Clear	Clear	Cl'dy	Clear
Depth Rain		1 6-10				9-10	
Thermom....							
Minimum...	39°	28°	26°	33°	25°	24°	29°
At 8, A. M.	41	45	39	40	36	36	38
At 12, M.	41	49	55	51	42	40	44
At 3, P. M.	41	50	56	52	42	41	44
Mean.....	38.25	43.	44.	44.	38.25	35.25	38.75
Barometer..							
At 12, M.	30.3	29.7	30.2	30.2	30.2	30.	30.1
Germantown, Pa.				B. J. LEBRON.			